

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)							SERIAL NO. 09/671833	FILING DATE					
APPLICANT(S)													
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51						
2		/		/			52						
3		/		/			53						
4		/		/			54						
5		/		/			55						
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8		/		/			58						
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44		/	/				94						
45		/	/				95						
46		/	/				96						
47		/	/				97						
48		/	/				98						
49		/	/				99						
50		/	/				100						
TOTAL IND.	4		4				TOTAL IND.						
TOTAL DEP.	45		41				TOTAL DEP.						
TOTAL CLAIMS	49		45				TOTAL CLAIMS						

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